



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E355943**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>14-02215</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>02</b>
OBJECT STRUCK	<b>CROSS WALK POLE</b>

DATE OF COLLISION	<b>09</b>	<b>09</b>	<b>2014</b>	TIME (2400)	<b>0927</b>	COUNTY #	<b>31</b>	MILES	<b>N</b>	<b>E</b>	IN	<b>0664</b>
DATE OF COLLISION												

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

**SR 9 SE** BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ OF (REFERENCE OR CROSS STREET) **20TH ST SE**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4255121895**

LAST NAME **SCOTT** FIRST NAME **DILLON** MIDDLE INITIAL **L**

STREET NEW ADDRESS ☐ **40 ALBA LN**

CITY **WHITE SWAN** ST **WA** ZIP **98952**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **SCOTDL08435** STATE **WA** SEX **U** D.O.B. **06** - **25** - **1992**

ON DUTY ☐ STATUS ☐ AIRBAG **1** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **6** NATURE OF INJURIES **TRANSPORTED**

LICENSE PLATE # **B97210Y** STATE **WA** VIN# **1HTMMAAM97H503912**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2007** MAKE **INTL** MODEL **4000** STYLE **CC** VEHICLE TOWED YES ☒ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **VANDERMEER FOREST PRODUCT 5110 196TH ST SW LYNNWOOD WA 98036**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **INDIANA LUMBERMANS INSURANCE CO 19550823**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **ANDERSON** FIRST NAME **EVAN** MIDDLE INITIAL **M**

STREET NEW ADDRESS ☐ **1610 127TH AVE NE #1/2**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **ANDEREM393LP** STATE **WA** SEX **M** D.O.B. **06** - **17** - **1961**

ON DUTY ☐ STATUS ☐ AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **5** NATURE OF INJURIES **TRANSPORTED INTERNAL AND FACIAL INJ.**

LICENSE PLATE # **B07605X** STATE **WA** VIN# **1FTSS34S5WHB33606**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1998** MAKE **FORD** MODEL **ECONOLI** STYLE ☐ VEHICLE TOWED YES ☒ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **PUGET HEATING 1612 127TH AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERICAN FIRE AND CASUALTY BAA53705931**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **STEVE WARBIS** BADGE OR ID # **112** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E355943**

CASE # **14-02215**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>FORSTER PATRICK</b>																
ADDRESS & PHONE #		<b>2027 93RD DR SE LAKE STEVENS WA 98258 4253748183</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>06</b>	-	<b>06</b>	-	<b>1947</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>NICHOLS III JACK M</b>																
ADDRESS & PHONE #		<b>1043 94TH DR NE LAKE STEVENS WA 98258 2063888336</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>08</b>	-	<b>21</b>	-	<b>1972</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HORNING MARK D</b>																
ADDRESS & PHONE #		<b>2306 119TH DR SE LAKE STEVENS WA 98259 2069301915</b>						SEX	<b>U</b>	D.O.B. MMDDYYYY	<b>09</b>	-	<b>24</b>	-	<b>1979</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was traveling south on SR9 through the intersection of 20th St. S.E. Unit 1 was traveling east on 20th St. S.E. and failed to stop for a red light. Unit 1 struck the passenger side of unit 2. Both drivers transported. Both vehicles towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**STEVE WARBIS**

**09-11-14 11:22 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**SGT. C. VALVICK 71**

**9/12/2014 8:41:19 AM**

BADGE OR ID #	<b>112</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>9:27 AM</b>	TIME POLICE ARRIVED	<b>9:28 AM</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E355943**

CASE # **14-02215**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>DAVIS MICHELLE J</b>																	
ADDRESS & PHONE #		<b>10733 BUNK FOSS RD SNOHOMISH WA 98290 3605631012</b>																	
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>03</b>		-		<b>22</b>		-		<b>1972</b>					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

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<b>STEVE WARBIS</b>		<b>09-11-14 11:22 AM</b>					
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		PLACE SIGNED			
APPROVED BY		DATE					
<b>SGT. C. VALVICK 71</b>		<b>9/12/2014 8:41:19 AM</b>					
BADGE OR ID #	<b>112</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>9:27 AM</b>	TIME POLICE ARRIVED	<b>9:28 AM</b>



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E355943**

CASE # **14-02215**

**COMMERCIAL MOTOR CARRIER**

INTERSTATE ☐

INTRASTATE ☒

UNIT #

**1**

USDOT

ICC #

VEHICLE TYPE

**2**

CARGO BODY TYPE

**4**

CARRIER NAME

**VANDERMEER FOREST PRODUCT**

CARRIER ADDRESS

**5110 196TH ST SW**

CITY

**LYNNWOOD**

ST

**WA**

ZIP

**98036**

NAME SOURCE

**3**

# AXLES

**02**

GWR

**26000**

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET  
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET  
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**STEVE WARBIS**

**09-11-14 11:22 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # **112**

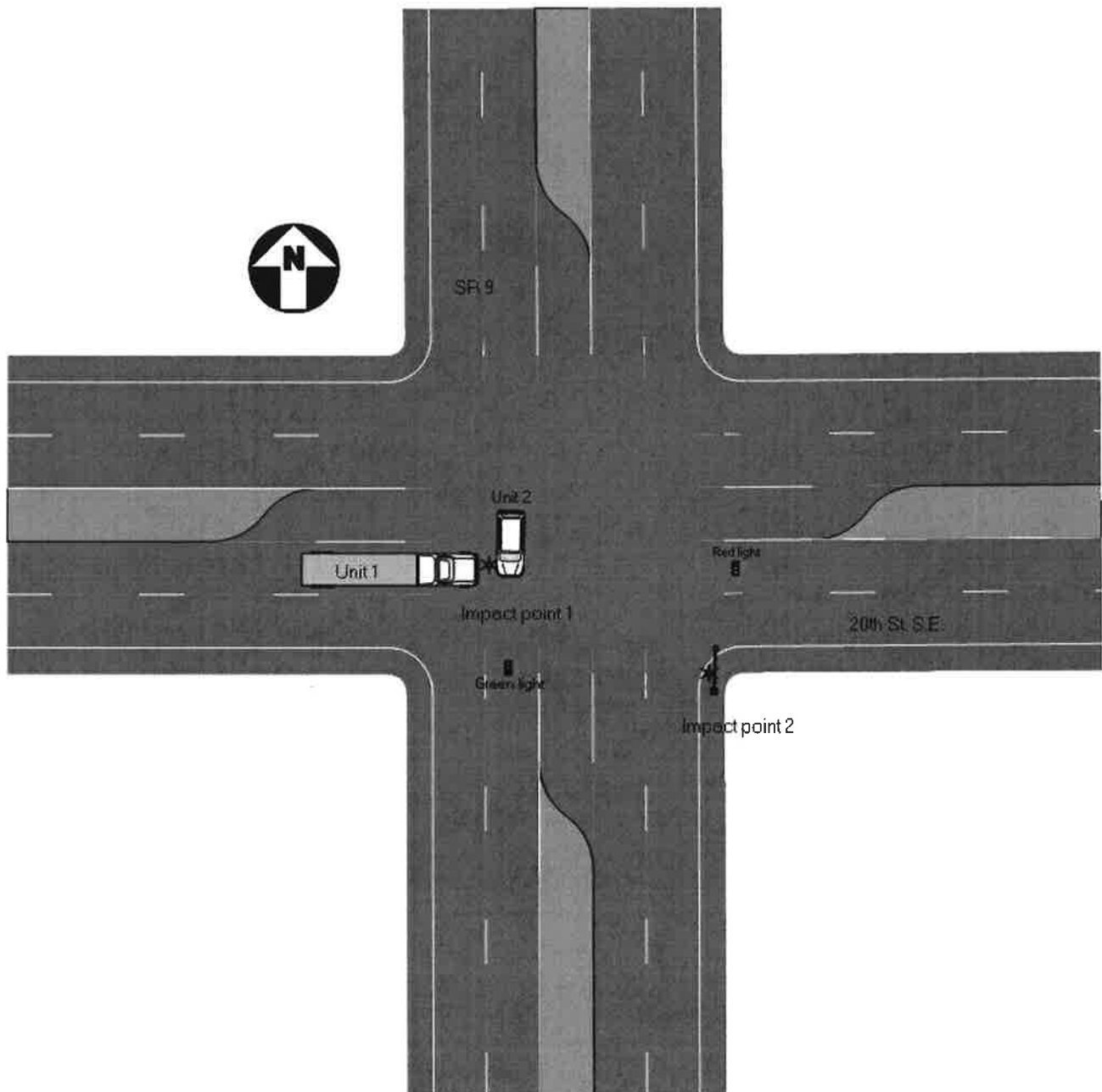
ORI # **WA0311900**

APPROVED BY **VALVICK**

DATE **9/2/2014**

PAGE **4**

OF **5**



# LAKE STEVENS POLICE DEPARTMENT

## FOLLOW-UP / ROUTING SHEET

		CASE NUMBER
MUST HAVE <b>CITATION NUMBER</b> OR <b>SUSPECT</b> INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

OFFICER / DETECTIVE REQUEST		
<input type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE	<input type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)	<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT:		BY:

<input type="checkbox"/> FORWARD <b>ORIGINAL FILE</b> WITH THE <b>FOLLOW-UP</b> TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR <b>FELONY</b> CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE ( <b>ATTACH PROSECUTOR REQUEST FORM</b> )		
<input checked="" type="checkbox"/> INVESTIGATIONS <i>PATROL</i>	OFFICER ASSIGNED <i>WARRIS</i>	DUE DATE

*PLEASE COMPLETE A REPORT DETAILING THE COLLISION IN MORE DETAIL.*

CASE CLOSED	
<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR	DATE SIGNED
SERGEANT APPROVAL <i>LU#71</i>	DATE SIGNED <i>9/12/14</i>

RECORDS DATA ENTRY	ADDITIONAL PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:			DATE:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

## CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND/TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☐ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

# UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-02215

## VEHICLE INFORMATION

VIN

1 F T S S 3 4 S 5 W H B 3 3 6 0 6

LICENSE

B07605X

STATE

WASHINGTON

YEAR

1998

MAKE

FORD

MODEL

ECONO

☐ Report of Sale

MILEAGE

☐ Digital

UNREADABLE

STYLE

EXTENDED CARGO VAN

COLOR

WHITE

## DRIVER

## REGISTERED OWNER

## LEGAL OWNER

NAME (LAST, FIRST, MI)

NAME (LAST, FIRST, MI)

HEATING, PUGET

NAME (LAST, FIRST, MI)

STREET ADDRESS

STREET ADDRESS

PO BOX 336

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

CITY, STATE, ZIP CODE

PHONE

DOB

PHONE

PHONE

## AUTHORIZATION AND RECEIPT

ON 9/9/2014 AT 10:01 PURSUANT TO RCW 46.55.085/113 AND HAVING PERSONALLY INVENTORIED THE ITEMS  
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED

RESCUE

(TOWING FIRM)

5745-007

(DOL TRUCK NO.)

DRIVEN BY

BAMA

(DRIVER'S PRINTED FIRST AND LAST NAME)

TO REMOVE THIS VEHICLE FROM

9800 20TH ST SE/STATE ROUTE 9

(LOCATION)

## EQUIPMENT

## DAMAGE

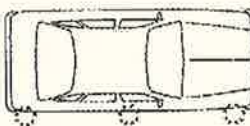
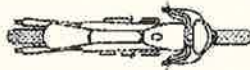
## EVIDENCE (DRIVER'S SIDE)

## EVIDENCE (PASSENGER'S SIDE)

- ☐ [ ] KEYS  
☐ LOCKED TRUNK  
☐ LOCKED GLOVE BOX  
☐ LOCKED CENTER CONSOLE  
☐ AUTO STEREO  
☐ [ ] DISC(S)  
☐ HANDS FREE DEVICE  
☐ GPS  
☐ RADAR / LIDAR DETECTOR  
☐ SPARE TIRE  
☐ JACK  
☐ CHAINS  
☐ OTHER \_\_\_\_\_

- ☐ FRONT  
☒ R FRONT  
☒ R SIDE  
☒ R REAR  
☐ L FRONT  
☐ L SIDE  
☐ L REAR  
☐ REAR  
☐ TOP  
☐ UNDERCARRIAGE  
☐ OTHER \_\_\_\_\_

SHADE DAMAGED AREA



ORIGINAL

## INVENTORY

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Vehicle was involved in collision, vehicle disabled and blocking roadway driver was transported to hospital

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC



14-0225

**SUPERVISOR**



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>S. WARRIS 112</i>			Case Number <i>14-02215</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COCAINE</i>			Date/Time: <i>9-11-14 1127</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification				

Item #  <i>1</i>	Item <i>C.O. WITH PHOTOS</i>			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Action #  <i>3</i>					

Owner's Name				Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions										

Item #	Item			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Action #					

Owner's Name				Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions										

Item #	Item			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Action #					

Owner's Name				Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions										

Item #	Item			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Action #					

Owner's Name				Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions										

Item #	Item			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Action #					

Owner's Name				Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions										

Evidence Control Use Only:										
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____					
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room					
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File					

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02215

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Forster Patrick</u>	RACE <u>C</u>	ETH	SEX <u>M</u>	DOB <u>6/6/47</u>	AGE <u>67</u>	HGT <u>5'11"</u>	WGT <u>180</u>	HAIR <u>Grey</u>	EYES <u>Brown</u>
STREET ADDRESS <u>2027 93RD DR. SE.</u>		CITY <u>LL STEVENS</u>		STATE <u>WA</u>		ZIP <u>98158</u>		RES. STATUS <u>Res</u>		
HOME PHONE <u>425-374-8183</u>		CELL PHONE			PLACE OF EMPLOYMENT <u>Retired</u>					
WORK PHONE		EMAIL ADDRESS <u>Patforster@comcast.net</u>								

I, PATRICK FORSTER, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Lumber Truck heading EAST on 20th. I saw 1 Block before wreck. IT was going fast - 40mph + Lights were Red for east traffic on 20th. he hit white van Pass side. My wife & I were walking & saw wreck. I was about 300' west of Hwy 9 + 20th intersection

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Patrick Forster</u>	DATE SIGNED <u>9-9-14</u>	LOCATION SIGNED <u>20th + Hwy 9</u>
OFFICER/NUMBER: <u>S. WAMBIS 112</u>	DATE SIGNED <u>9-9-14</u>	LOCATION SIGNED <u>LAKE STEVENS PD</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

140225

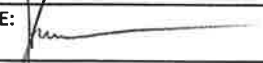
### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) NICHOLS, JACK, M	RACE	ETH	SEX M	DOB 8/21/1972	AGE 42	HGT 5'11"	WGT 185	HAIR B	EYES B
STREET ADDRESS 1043 94TH DR NE		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 206-388-8336			PLACE OF EMPLOYMENT HP					
WORK PHONE 425-299-1937		EMAIL ADDRESS HURRICANE.NICHOLS@MSN.COM								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

AT CORNER OF 20TH ST & SR9 I SAW A WHITE CONSTRUCTION TRUCK RUN A RED LIGHT HEADING EAST ON 20TH ST. HE, WITHOUT SLOWING DOWN, RAMMED INTO THE SIDE OF A VAN WHO JUST ENTERED THE INTERSECTION AFTER HIS LIGHT TURNED GREEN.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 09 SEP 2014	LOCATION SIGNED
OFFICER/NUMBER: S. WARBIS 112	DATE SIGNED 9-9-14	LOCATION SIGNED LAKE STEVENS PD

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PAGE 1 OF 1



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

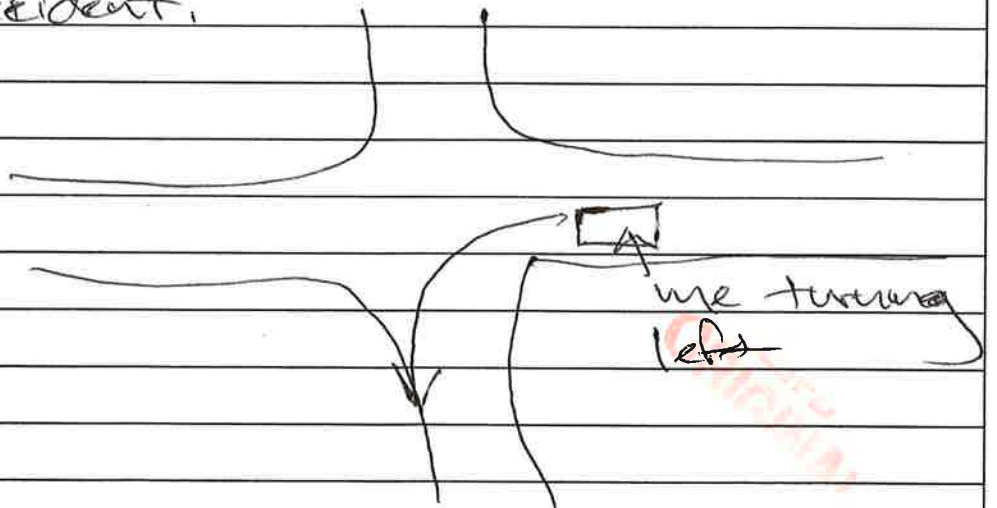
14-02215

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES	
	Horning, Mark D.	W	C	M	9/24/1934	71	5	220	Br	65	
STREET ADDRESS		CITY		STATE		ZIP		RES. STATUS			
2306 119th Dr SE		Lake Stevens		WA		98258		US			
HOME PHONE		CELL PHONE		PLACE OF EMPLOYMENT							
2069301915		2069301915		Microsoft							
WORK PHONE		EMAIL ADDRESS									
4254213535		markdhorning@outlook.com									

I, Mark Horning, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At approximately 9:25 am on Sept. 9th 2014, I witnessed an accident occur at the intersection of Hwy 9 and 20th St SE. I was stopped at the intersection of Hwy 9 & 20th St SE about to take a left hand turn. As the light turned green and traffic moved forward, a white van heading south through the intersection collided with a large lumber truck heading east on 20th. The truck ran the red light and collided with the van causing the accident.



I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
<i>[Signature]</i>	9/9/14	accident scene
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED
S. WANBIS 112	9-9-14	LAKE STEVENS PD

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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02215

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) DAVIS, MICHELLE J	RACE F	ETH	SEX F	DOB 3/22/72	AGE 42	HGT	WGT	HAIR BR	EYES BR
STREET ADDRESS 10433 Bunk Foss Rd.		CITY Snohomish		STATE WA		ZIP 98290		RES. STATUS		
HOME PHONE 360-563-1012		CELL PHONE 425-750-0429		PLACE OF EMPLOYMENT Bank of America						
WORK PHONE 360-862-4740		EMAIL ADDRESS mshkam@hotmail.com								

I, Michelle Davis, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were headed SB on SR 9 while van was in front of me and truck came EB on ~~the~~ 20th st. coming straight through red light hit white van at intersection. We had the green light.

ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Michelle Davis</u>	DATE SIGNED 9/9/14	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: S. WARBO 112	DATE SIGNED 9-9-14	LOCATION SIGNED LAKE STEVENS PD

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PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## FOLLOW-UP / ROUTING SHEET

		CASE NUMBER	14-0 2215
MUST HAVE <b>CITATION NUMBER</b> OR <b>SUSPECT</b> INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE	9-26-14
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	

### OFFICER / DETECTIVE REQUEST

<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE	<input type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)	<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT: 9-26-14	BY: CIB #20	

<input type="checkbox"/> FORWARD <b>ORIGINAL FILE</b> WITH THE <b>FOLLOW-UP</b> TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR <b>FELONY</b> CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE ( <b>ATTACH PROSECUTOR REQUEST FORM</b> )		
<input checked="" type="checkbox"/> INVESTIGATIONS <i>Patrol</i>	OFFICER ASSIGNED <i>WARRIS</i>	DUE DATE

PLEASE COMPLETE A REPORT DETAILING THE COLLISION IN MORE DETAIL.

### CASE CLOSED

<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR	DATE SIGNED
SERGEANT APPROVAL <i>Lu # 71</i>	DATE SIGNED <i>9/12/14</i>

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:	DATE:			

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**FOLLOW-UP REPORT**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>COLLISION</b>	INCIDENT NUMBER <b>14-02215</b>
NAME OF VICTIM(S)		

On 09/009/14 at approximately 0927 hours, I responded to a report of a vehicle collision at the intersection of SR 9 and 20<sup>th</sup> St. S.E. Upon arrival, I observed a white work van with heavy damage to the passenger side facing northbound on the east side of the intersection. As I exited me vehicle I made my way to the driver's side of the van and contacted the driver. The male driver of the van was looking around as if he was unaware of where he was at. The driver was only able to utter his first name of Evan to me, all the while he was grabbing at his seat belt and looking around. Moments later, the paramedics arrived on scene and took over with the driver.

At this time I attempted to turn my attention on the second vehicle; however nothing was visible from where I was located next to the van. A group standing on the sidewalk informed me that one of them was the driver of the other vehicle. As I made my way to the driver, later identified as Scott Dillon, I observed some facial injuries on him. He pointed down the embankment on the east side of SR 9 and south of 20<sup>th</sup> St. to where his loaded lumber truck had come to rest. As I was speaking with Scott, he stated that all of his paperwork was down in the cab of the truck, and that he felt good enough to go and retrieve it. As I was walking along with Scott, he stopped and looked around, then looked back at me and asked how he got there. I asked him again if he was alright, at which time he stated that he wasn't feeling very well. I escorted Scott back up onto the sidewalk where he was tended to by the paramedics.

At this time both drivers were transported to the hospital.

Several witnesses on scene stated that the white van had just begun entering the intersection of SR 9 heading south from a stopped position after the light had turned green. The lumber truck was headed east on 20<sup>th</sup> St. and failed to stop for the red light, and struck the white van in the passenger side. There were no riders in the passenger side of the van.

The owners of both of the work trucks arrived on scene and took control of the tooling and equipment lying about on the sidewalk. Both vehicles were towed from the scene.

I cleared the call at approximately 1204 hours.

**LSPD  
ORIGINAL**

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>S. WARBIS 112</b>	APPROVED BY 
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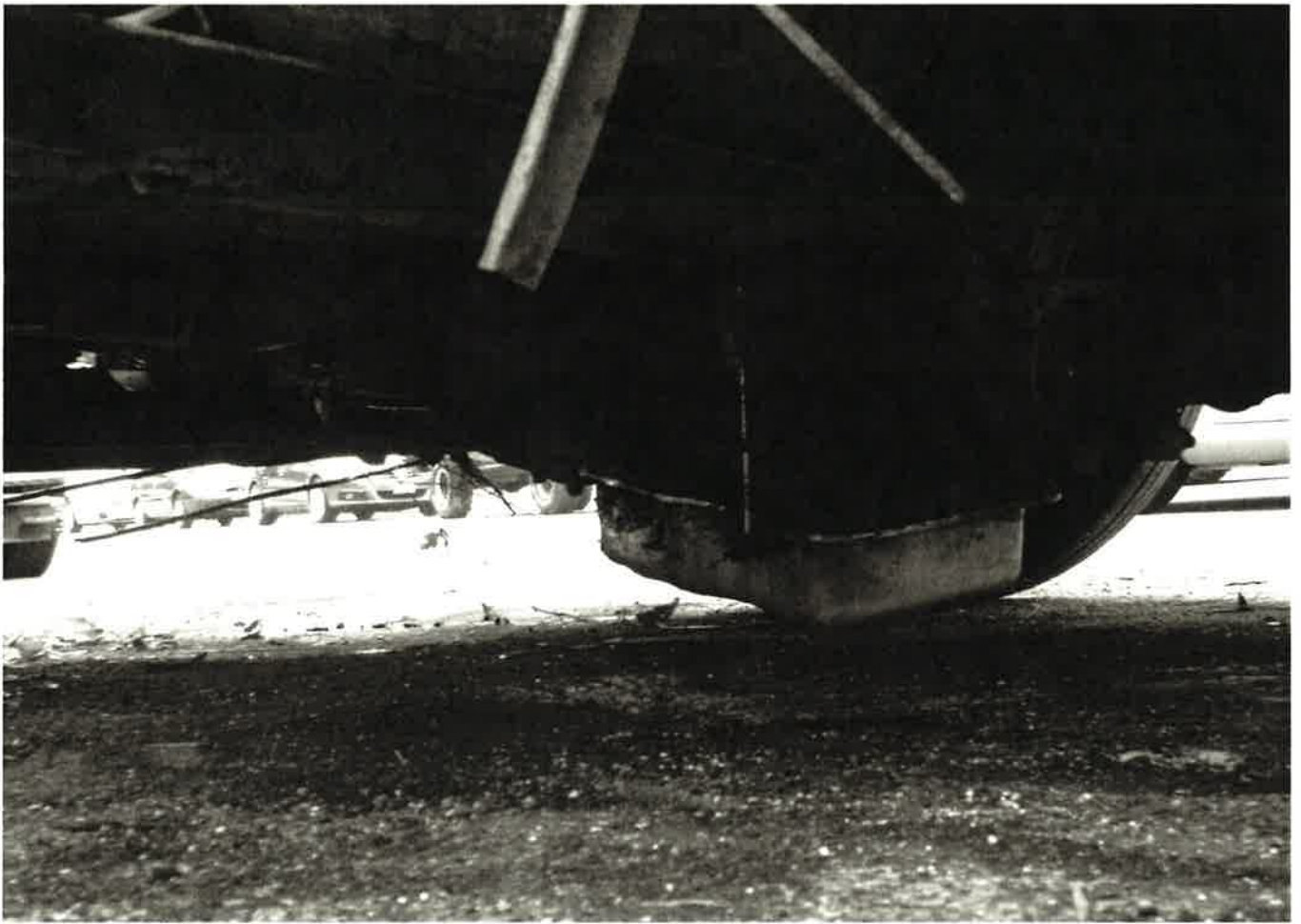












ORIGINAL

Incident History for: #SS14017640 Xref: #AG14002587

Case Numbers: \$SS14002215

Entered 09/09/14 09:27:12 BY SPDP17 SP0112

Dispatched 09/09/14 09:27:12 BY SPDP17 SP0112

Enroute 09/09/14 09:27:12

Onscene 09/09/14 09:28:37

Closed 09/09/14 12:04:03

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: Src

Loc: 20 ST SE/SR 9 SE ,LKS (V)

#### Loc Info:

Name:	Addr:	Phone:
/0927 (SP0112) \$OUTSRV	, NO MORE INFORMATION	
/0927 DISPER 19D2	#SS112 WARBIS, OFFICER (STEVE)	
	, NO MORE INFORMATION	
/0927 CROSS	#AG14002587	
/0927 CHANGE	LOC: 20 ST SE/SR 9 --> 20 ST SE/SR 9 SE ,LKS,	
	BLK: --> SS003	
/0927 MISC 19D2	, TBONE AID ENRT	
/0928 (SS112 ) *ONSCNE 19D2		
/0928 (SP0112) ASSTER 19S16	[20 ST SE/SR 9 SE ,LKS]	
	#SS105 IRWIN, OFFICER (DENNIS)	
/0929 ASSTER 19030	[20 ST SE/SR 9 SE ,LKS]	
	#SS101 BARNES, OFFICER (JAMES)	
/0929 ONSCNE 19S16		
/0930 ASSTER 19I22	[20 ST SE/SR 9 SE ,LKS]	
	#SS91 WACHTVEITL, DET (JERAD)	
/0930 ASSTER 19I21	[20 ST SE/SR 9 SE ,LKS]	
	#SS94 THOMAS, DET (DEAN)	
/0933 (SS101 ) *ONSCNE 19030		
/0933 (*****) REMINQ 19D2	B07605X	
/0933 (SP0112) REMINQ 19D2	LIC, 19D2, B07605X, , ,	
/0935 (*****) REMINQ 19D2	B97210Y	
/0935 (SP0112) REMINQ 19D2	LIC, 19D2, B97210Y, , ,	
/0939 ROTREQ 19S16	TOW 5348 LKS SPEEDWAY TOWING INC	
	3605635630	
/0941 MISC 19S16	, RESCUE TOW GETS THE VAN AND SPEEDWAY FOR THE FL	
	ATBED	
/0947 CHGLOC 19I21	[CC ER]	
/0947 CLEAR 19D2		
/0947 ASSTOS 19D2	[20 ST SE/SR 9 SE ,LKS]	
	#SS112 WARBIS, OFFICER (STEVE)	
/0949 MISC 19S16	, LIGHTS FLASHING 4 WAY RED	
/0956 (SS101 ) CLEAR 19030		
/0956 (SP0112) ASNCAS 19D2	\$SS14002215	
/1000 ROTREQ 19S16	TOWX 5348 LKS SPEEDWAY TOWING INC	
	3605635630	
/1002 (SS112 ) REMINQ 19D2	MDTWANT, ANDERSON, EVAN, M, 061761, , , WA, , , , , , , , , , ,	
	,	
/1004 REMINQ 19D2	MDTWANT, SCOTT, DILLON, L, 062592, , , WA, , , , , , , , , , ,	
/1019 (SP0112) CLEAR 19S16		
/1029 (SP0203) CLEAR 19I21		
/1054 ASSTOS 19D3	[20 ST SE/SR 9 SE ,LKS]	
	#SS120 BERNHARD, OFFICER (KERRY)	
/1120 (SP0112) CLEAR 19I22		



/1204	CLEAR	19D2	D/H
/1204	CLEAR	19D3	D/H
/1204	CLOSE	19D3	

Q1204